

**ATASCADERO STATE HOSPITAL**

**CLINICAL PSYCHOLOGY  
INTERNSHIP PROGRAM**

**2007-2008**

**ACCREDITED BY THE AMERICAN  
PSYCHOLOGICAL ASSOCIATION**

**ATASCADERO, CALIFORNIA**

# **ATASCADERO STATE HOSPITAL CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM**

## **I. GENERAL SUMMARY OF TRAINING IN PSYCHOLOGY**

Atascadero State Hospital offers predoctoral internships in Clinical Psychology. The predoctoral internship has been accredited by the American Psychological Association<sup>1</sup> since 1970 and is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). It is a one-year full-time program offering a stipend of approximately \$38,000 plus benefits. The program is committed to providing the intern with the opportunity to develop increasing autonomy and clinical responsibility commensurate with the intern's education, training, and professional competence as s/he prepares to function as a professional psychologist in a variety of settings. The Psychology Staff is characterized by a range of theoretical and therapeutic orientations including cognitive-behavioral, psychodynamic, humanistic-existential, and neurobehavioral viewpoints.

The Psychology Internship Program follows a practitioner-scholar model of training. The internship values training interns to become practitioners with a strong empirical basis for what they practice. Applicable research provides that empirical basis. The training involves understanding, interpreting and applying empirically based assessment and treatment methods. This training is accomplished through seminars, tutorials, workshops, and clinical supervision with an emphasis on providing a variety of clinical experiences. A major emphasis of the program is training in state-of-the-art forensic psychology issues and methods. This focus includes issues of personal and community safety, expert testimony, risk assessment and risk management, forensic evaluation, interfacing with the criminal justice system, the utilization of psychology within the legal system, basic legal commitments, and treatment of offenders. The treatment emphasizes the use of a wide range of assessment and treatment modalities that address each individual client as unique with special attention to individual and cultural differences. Interns are taught and encouraged to think critically and apply appropriate assessment and treatment methods. Furthermore, the program aims to train interns to function as complete professionals who can function effectively in a variety of job settings. This training includes working with ethical issues, working within an interdisciplinary team, working as an administrator, working within bureaucracies, and advocating for issues related to the field of psychology on a state and national level.

Experiences within the Psychology Internship Program at Atascadero State Hospital are designed to meet these more general goals and to lead to a combination of professional competencies by the end of the internship year. These competencies are addressed in greater detail in this brochure.

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<sup>1</sup> American Psychological Association; 750 First Street, NE; Washington DC 20002-4242; (202) 336-5979

## **II. AGENCY OVERVIEW**

Atascadero State Hospital is a forensic, psychiatric facility which specializes in the treatment of adult male mentally ill offenders. It is fully accredited by the Joint Commission on Accreditation of Health Care Organizations. The hospital is operated by the California State Department of Mental Health and receives patients committed by the Superior Courts and the Department of Corrections. The hospital provides a unique opportunity to train in a mental health setting which works directly with the judicial system.

The hospital is located on the scenic Central Coast of California about 15 miles east of the Pacific Ocean and midway between San Francisco and Los Angeles. While it is a maximum security setting housing mentally ill offenders, the hospital is designed like a mental hospital rather than a prison and has neither gun towers nor armed security personnel. The facilities include 34 units, a gymnasium, arts and crafts workshop, music center, graphic arts center, Board of Parole Hearing rooms, mock trial facilities, penile plethysmography lab, staff-patient canteen, school area, computer center, psychological testing center, video production center, training center, patient library, professional library, and staff fitness center.

The hospital employs approximately 45 staff psychologists, some of whom occupy research, training and administrative positions. Other treatment staff include approximately 40 physicians and psychiatrists, 55 social workers, 46 rehabilitation therapists, and 750 nursing personnel, which includes Registered Nurses, Psychiatric Technicians, and Psychiatric Technician Assistants.

### **A. Patient Population**

The hospital operates with a bed capacity of approximately 1250. The current patient population consists of approximately 46% Mentally Disordered Offenders (n=568), 10% Mentally Ill Inmates transferred from prison (n=130), 26% Sexually Violent Predators (n=329), 6% Not Guilty by Reason of Insanity (n=70), and 11% Incompetent to Stand Trial (n=133). The remaining 1% of the patient population are committed under various other commitments.

Patients committed as Incompetent to Stand Trial have been accused of committing a crime but are currently unable to stand trial because they cannot understand the charges against them and/or cannot cooperate with counsel. Psychoses are commonly found among these patients and the offenses may range from assault and murder to burglary and forgery. The Not Guilty by Reason of Insanity have usually been found guilty of a felony and subsequently not guilty by reason of insanity at the time the crime was committed. Mentally Ill Inmates transferred from prison typically have a psychotic diagnosis as well and are returned to Corrections at the completion of their treatment. The Mentally Disordered Offender (MDO) is a patient who has been incarcerated for a violent offense, who has a severe mental disorder and who is considered dangerous because of his mental disorder. The MDO patient has completed his prison sentence and is sent to Atascadero State Hospital to receive psychiatric treatment as a special condition of his parole.

The Sexually Violent Predator (SVP) commitment was established by statute for persons found upon release from prison to be violent sex offenders with a diagnosable mental disorder. This became effective January 1, 1996, with Atascadero designated as the treatment facility for the male SVP. Individuals in this category are typically character

disordered with a history of more than one violent sex offense. A newly built hospital in Coalinga, CA has been opened to house all male SVP's in the State of California. While many SVP's remain at ASH, it is anticipated that all SVP's will eventually reside at Coalinga State Hospital. Despite the eventual transfer of all SVP's to Coalinga State Hospital, ASH will continue to provide sex offender specific treatment to sex offenders in other commitment categories (particularly the MDO's).

The ethnic classification of the patient population is 28% African-American, 21% Hispanic, 46% White, 1% American Indian, 2% Asian and 1% other.

## **B. Treatment**

The hospital provides seven residential programs consisting of several units each. Programs and units are structured around providing treatment to particular commitment categories. Patients are assigned to particular units within a particular program according to their commitment type and resultant dispositional needs. Although subject to ongoing change, programs and units are organized as follows:

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|---------------|--|
| ◆ Program I   | Admissions, Incompetent to Stand Trial, Medical                |
| ◆ Program II  | Mentally Disordered Offender, Not Guilty by Reason of Insanity |
| ◆ Program III | Sexually Violent Predator, Mentally Disordered Offender        |
| ◆ Program IV  | Mentally Disordered Offender                                   |
| ◆ Program V   | Mentally Ill Inmate  |
| ◆ Program VI  | Mentally Disordered Offender, Not Guilty by Reason of Insanity |
| ◆ Program VII | Sexually Violent Predator                                      |

At this time, Atascadero State Hospital is transitioning to the Transtheoretical Model (TTM) or "Recovery" model of treatment to meet the myriad of treatment needs of individuals. TTM is a stage model of intentional behavior change introduced in the early 1980s and the major tenet of the model is focused on viewing behavior change as a series of predictable stages, independent of any particular model or theory. This model is considered a wellness model, thus it interprets an individual's lack of or willingness to change not as resistance or denial, but a lack of readiness and/or motivation. Also, this model considers treatment setbacks not as failures but as a normal part of recovery and opportunities for learning. This model focuses on assisting individuals in generating energy for change. TTM is being implemented throughout the hospital and will be incorporated into all facets of treatment.

While new to the area of forensic hospital treatment, TTM does have a longstanding history of success within the substance abuse treatment area. As stated earlier, it is considered a wellness model and focuses on collaborative work between individuals and hospital staff to identify target behaviors for change and strategies to achieve the desired change results. Individuals will progress at their own rate and may be in different stages for different target behaviors. An individual's ability level does not define the stage of change.

The following treatment goals are common for all patients:

- ◆ Actively teach and support adaptive behavior and coping skills relevant to the requirements of the post-hospital setting.

- ◆ Promote individual self-esteem, self-actualization, independence, and self-care to maximize the patient's chances for successful adaptation to his expected discharge setting.
- ◆ Eliminate or reduce maladaptive behaviors, which serve as barriers to discharge or impediments to successful post-discharge adaptation.

The primary approach to the treatment of sexual offenders is the Relapse Prevention Model. This five-phase approach is largely cognitive-behavioral and considered to be state-of-the-art treatment for sexual offenders.

Multidisciplinary treatment teams staff units. In all phases of treatment, psychologists assist in coordinating the professional efforts of psychiatric technicians, registered nurses, rehabilitation therapists, pharmacists, dietitians, social workers, and psychiatrists. The clinical psychology intern rotating through these treatment teams is expected to function as a team member, and will benefit by exposure to the range of clinical staff who participate as team members.

In addition to the treatment programs and units organized around commitment categories, a number of specialized programs and services exist to address the broad range of patient needs. Some of those, which may be of particular interest to interns, include:

- ◆ Adult Basic Education Programs
- ◆ Forensic Assessment and Consultation Services
- ◆ Multicultural Services
- ◆ Evaluation and Outcome Services
- ◆ Penile Plethysmography Lab
- ◆ Polygraph
- ◆ Neuropsychological Assessment and Consultation
- ◆ Psychology Assessment Center
- ◆ Special Services for Deaf Patients
- ◆ Specialized Hispanic Bilingual Units
- ◆ Community Living Skills Program
- ◆ Substance Abuse Treatment and Education
- ◆ Trial Competency Assessment
- ◆ Vocational Development Services

### III. PREDOCTORAL INTERNSHIP PROGRAM

#### A. Program Training Model

The training model is best described as a practitioner-scholar model. The primary emphasis is on clinical training. Interns are encouraged to use empirically validated treatment methods. Although the primary emphasis is on clinical training and experience, the program is supported by didactics in seminars, tutorials, and supervision. Additionally, Atascadero State Hospital is a provider of continuing education for psychologists and thus hosts several conferences and workshops each year. Interns are eligible to attend these events free of charge and are encouraged to do so.

#### **Values and Principles**

- ◆ Training practitioners with an empirical basis. The Psychology Internship Program values training interns to become practitioners with a strong empirical basis for what they practice. Applicable research provides that empirical basis. Some examples of utilizing research for practice are found in relapse prevention, recovery, skills training, behavioral assessment and treatment, risk assessment and management, and use of the Hare Psychopathy Checklist - Revised. The training involves understanding, interpreting, and applying empirically based assessment and treatment methods. This training is accomplished through seminars, tutorials, workshops, clinical supervision and a variety of clinical experiences.
- ◆ State-of-the-art forensic training. A major emphasis of the program involves training in state-of-the-art forensic psychology issues and methods. This training addresses issues of personal and community safety, expert testimony, risk assessment and risk management, forensic evaluation, interaction with the criminal justice system, the role of psychology within the legal system, basic law and legal commitments, and treatment of offenders.
- ◆ Individual Differences and Diversity. The training emphasizes the use of a wide range of assessment and treatment modalities that address each individual client as unique. Throughout all of their training activities, interns are reminded and encouraged to pay special attention to individual and cultural differences. Interns also complete a year-long individual differences and diversity mini-rotation.
- ◆ Broad-based training. While the training has an emphasis on forensic psychology, seminars and tutorials along with adjunctive training at a community placement site (which has typically been the local state university counseling center) enrich and broaden the experience. Thus, interns may receive experience and training working with non-forensic out-patients (males and females) and have opportunities to discuss psychological issues of both a forensic and non-forensic nature.
- ◆ Critical thinking skills. Interns are taught critical thinking methods to assess clinical situations and apply appropriate assessment and treatment methods. This skill is essential in transferring skills or competencies to various treatment environments.

- ◆ Well-rounded professionals. The program trains interns to function as complete professionals who can function effectively in a variety of job settings. To this end, the program provides training and/or experience in ethics, the professional as an administrator, and professional advocacy. The intern will learn about issues arising in large systems. S/he learns how to work within a large bureaucracy, to work with an interdisciplinary team, and to interface with other large systems such as the judicial and correctional systems.
- ◆ Collegiality and respect. The program values professional collegiality and respect among staff and interns. The primary role of the intern is that of trainee rather than service provider.

### **Mission Statement**

The mission of the Internship Program is intended to function in accordance with the regulations and standards of the State of California, the Department of Mental Health, Atascadero State Hospital, and the American Psychological Association. The mission of Atascadero State Hospital is:

"In emphasizing public safety, we provide a secure environment within which individuals referred to our care can recover from the effects of their psychiatric conditions. This secure environment protects the community as well as the people within the hospital and enables and supports the therapeutic milieu. We provide up-to-date treatment and rehabilitation services to the individuals in our care and ensure that community standards of practice and care are provided in our facility. We recognize that recovery is most effectively achieved when services are person oriented, empirically based, and arise out of a diverse theoretical and multidisciplinary foundation. We provide consumer-specific objective evaluations and recommendations to the courts and other agencies using the most up-to-date instruments and risk assessment models."

The mission of the Psychology Internship Program at Atascadero State Hospital is to provide...

- ◆ State-of-the-art clinical training in assessment and treatment.
- ◆ Specialized training in forensics addressing the unique issues of forensic patients and providing interns with specialized skills or competencies in forensic psychology.
- ◆ High quality supervision to assist interns in their development as competent and effective professional psychologists.
- ◆ Professional development to assist interns in becoming well-rounded professionals who will be able to function competently and effectively in a variety of work settings.

### **Goals and Objectives**

- ◆ To provide training and experiences in working with a variety of disorders and diagnoses.
- ◆ To provide rich clinical training and experience in psychological assessment.
- ◆ To provide specialized training and experience in forensic psychology.
- ◆ To promote competency in treating and assessing patients/clients with respect to cultural and individual differences.

- ◆ To provide training and experience in professional issues related to the practice of psychologists within a large institution.
- ◆ To promote professional collegiality and respect.
- ◆ To select qualified and diverse interns.
- ◆ To maintain a pool of highly competent supervisors.
- ◆ To maintain accreditation from APA and membership in AAPIC.

### **Expected Core Competencies**

It is expected that by the end of the internship training year, interns will develop various levels of proficiency in many, if not most, of the following areas:

- ◆ Individual treatment and assessment of forensic patients
- ◆ Group therapy with forensic patients
- ◆ Individual treatment of college students
- ◆ Treatment and assessment of culturally and individually diverse patients
- ◆ Treatment and assessment of sex offenders
- ◆ Behavioral analysis and treatment planning
- ◆ Knowledge of recovery model treatment methods
- ◆ Knowledge of forensic issues
- ◆ Psychological evaluation
- ◆ Forensic evaluation
- ◆ Expert testimony
- ◆ Neuropsychological screening
- ◆ Trial competency assessment
- ◆ Hare Psychopathy Checklist - Revised
- ◆ Report writing
- ◆ Knowledge of professional issues
- ◆ Working within a multidisciplinary team

### **Program Resources**

- ◆ Staff: The hospital employs approximately 45 doctoral level psychologists from which preceptors, supervisors, seminar leaders and presenters and tutorial leaders are drawn. Please refer to the list of staff psychologists in the back of this brochure for a list of available supervisors and their areas of interest. The position of Psychology Internship Director is a permanent civil service position.
- ◆ Funding: Three intern positions are funded as Clinical Psychology Interns. The hospital's training budget provides APA and APPIC membership fees.
- ◆ Equipment: Office space, a computer, dictation service, professional library, and other necessary resources are provided for interns commensurate with the resources provided to staff psychologists.

### **Processes**

The mission of the program is accomplished in the following ways.

- ◆ Clinical training: Training experiences are provided via two 5-½ month rotations on treatment units, seminars, tutorials, an Individual Differences and Diversity Mini-



rotation and the community placement (typically at the university counseling center at the California Polytechnic University).

- ◆ Forensic Specialization: The two 5-½ month rotations, tutorials, and the Individual Differences and Diversity Mini-rotation all take place at Atascadero State Hospital which is a forensic psychiatric facility. Each of the seminars covers issues related to forensic patients. The forensic seminar focuses entirely on forensic evaluations and issues related uniquely to forensic environments.
- ◆ Supervision: Licensed psychologists who are qualified according to state licensing requirements provide supervision. Licensed professionals from other disciplines such as psychiatry and social work occasionally provide additional supervision. A minimum of four hours per week of face-to-face supervision is provided. At least two hours of supervision (frequently more) are provided on an individual basis. The remaining supervision hours are provided on a group basis. Typically, interns receive more than the required four hours of supervision per week.
- ◆ Professional development: Beyond the traditional training and experience in treatment and assessment, interns are provided training and experience on a variety of topics in seminars, workshops and supervision to assist their development as well-rounded professionals. The presence of a large staff of psychologists provides ample exposure to a variety of professionals in the field allowing the intern to develop his or her unique professional identity.

## Policy

The training mission of the internship program is accomplished with adherence to the following policies:

- ◆ APA and Guidelines and Principles for accreditation
- ◆ APPIC membership requirements
- ◆ APPIC guidelines for intern selection
- ◆ ASH Internship Policy
- ◆ ASH Hospital Operating Manual

## Quality Control

Quality control is maintained in several ways. It is monitored by regular and systematic evaluation of intern performance and programmatic evaluation. Staff are encouraged to provide ongoing evaluation and feedback to interns and to identify and address problems and concerns as early as possible during the internship year. The major quality control components of the program include the following:

### Evaluation of intern performance

- ◆ Quarterly written evaluations by supervisors/didactic leaders
- ◆ Panel reviews of intern psychological evaluations (three times per training year)
- ◆ Presentations in seminars
- ◆ Mock trial in forensic seminar
- ◆ Evaluations of intern performance at six and twelve months (Internship Director, Intern, Preceptor, Rotation Supervisor, next Rotation Supervisor, and Community Placement Supervisors meet as a group) with written feedback to the intern and the intern's graduate program.

- ◆ Monthly supervisors meetings for all preceptors and rotation supervisors
- ◆ Ongoing evaluation in individual and group supervision sessions

#### Programmatic evaluation

- ◆ Survey of intern alumni
- ◆ Written evaluations by interns at six and twelve months
- ◆ Annual written evaluations by psychologists working with the internship program
- ◆ Annual review meeting open to all psychologists and interns
- ◆ Monthly Internship Committee meetings
- ◆ APA annual reports and periodic site visits

### **B. Intern Activities**

Interns can expect to spend approximately 25% of their time conducting group and individual psychotherapy, 30% in psychological assessment and report writing, 15% in seminars, 10% in professional activities (i.e. consulting with staff, attending professional and treatment team meetings), 10% in pursuit of special interests (i.e. scholarly reading, research), and 10% in supervision. The training program is structured, yet allows the intern flexibility to participate in activities designed to meet individual needs and training goals. Interns are actively involved in designing their unique training experiences.

#### **Orientation**

The first three weeks of training are set aside for orientation to the hospital, meeting with each of the psychologists, selecting a preceptor (primary supervisor for the year), rotation supervisor, and establishing goals for the year. During these three weeks, interns also review a testing case and write a psychological evaluation. This report is used to obtain a sense of the intern's skills in test interpretation and report writing. The intern then begins the first of two rotations to treatment units and the one-day per-week community placement at the Counseling Center at Cal Poly.

#### **Rotations**

The intern will complete two 5-½ month rotations on selected treatment units. The intern will spend at least half of each week on the unit to which s/he is assigned, and will participate in most of the activities taking place. The psychology intern plays a significant role in diagnosis, treatment, and disposition recommendations as s/he works with the treatment team. In group therapy, the intern usually works with a co-therapist and has exposure to various therapeutic modalities. Although the intern rotates through treatment units, it is expected that s/he carry one or two long-term therapy cases over the course of the year as well as other short-term cases. S/he spends a portion of time consulting with unit staff and assists in varied facets of patient treatment and evaluation.

#### **Psychological Evaluations**

The patient population at Atascadero State Hospital provides a unique training experience in psychological and forensic evaluation. The intern conducts evaluations of the psychological, social, and behavioral factors involved in criminal offending and may

assess change in those factors over the course of therapy. Since the courts commonly request evaluation reports, psychologists are charged with writing these forensic reports and are often subpoenaed to testify in court. While it is extremely rare that an intern would be called to testify in court, the intern frequently observes the psychologist in this role.

During the year, the intern will complete a minimum of 12 evaluations. Psychologists are charged with evaluating patients for clarifying diagnoses, making treatment recommendations, assessing for change, or making dispositional recommendations. During the year, the intern completes a minimum of twelve evaluations as follows:

- ◆ Six integrated psychological assessments involving psychological testing
- ◆ One behavioral analysis and written behavioral treatment plan
- ◆ One competency to stand trial forensic, court report
- ◆ One mentally disordered offender forensic, court report
- ◆ One sexually violent predator forensic, court report
- ◆ One PCL-R written report
- ◆ One evaluation of the intern's choosing

Each evaluation completed by the intern is closely supervised by various psychologists; thus, exposing the intern to a variety of individual orientations and styles. It is expected that by the completion of the internship, the intern will be facile with a number of psychodiagnostic instruments and will be able to effectively communicate findings and recommendations to other professionals as well as the patient.

## **Seminars**

Interns are expected to participate in seminars. The seminars are didactic-experiential and provide some supervised clinical experience. The seminars include:

- ◆ Assessment: The goals of the assessment seminar are: 1) to review the basic instruments utilized in an assessment battery for adults [assuming the intern has a basic proficiency with these tests]; 2) to focus on instruments and issues relevant to a forensic hospital setting; 3) to develop report writing skills; and, 4) to discuss ethical issues in psychological assessment.
- ◆ Forensic: The forensic seminar addresses a broad range of psycho-legal issues encountered at ASH. The relevant empirical research, ethical principles, laws and evaluation procedures will be reviewed. Fact-based case studies and expert testimony will be presented by interns to professional staff. Psychologists will offer suggestions on clinical techniques in order to increase the interns' effectiveness of communicating psychological evaluation results to the legal system.
- ◆ Professional Issues: This seminar is designed to cover a range of topics to help prepare the intern for working in a variety of job settings. Selected topics include such areas as becoming an administrator, supervision skills, surviving the bureaucracy, ethical issues, professional advocacy, various specialized treatment interventions (i.e. critical incident debriefing, covert sensitization, odor aversion, etc.), criminal profiling, and licensing exam preparation.

- ◆ Psychopathy Checklist Revised (PCL-R): Interns are trained in the administration and scoring of the PCL-R with the goal of becoming certified by the end of the training year.
- ◆ Individual Differences and Diversity: This seminar is designed to further develop skills in the provision of psychological services with specialized attention devoted to diversity issues. The seminar is in part didactic with review of the literature and theoretical frameworks, while also involving direct delivery of services to patients. Emphasis is placed on various approaches to psychotherapy, in general, as well as in relation to individuals dealing with issues of diversity.

## **Tutorials**

In addition to the seminars, the intern is required to participate in a minimum of two tutorials. A tutorial involves independent study on the part of the intern with a professional staff member on a selected topic. This structured learning experience allows the intern to explore a wider range or depth of topics in which s/he is interested and may not encounter in his or her other training experiences. Tutorials are jointly designed by the intern, preceptor, and tutorial leader. Some of the possible topics include (but are not limited to) the following:

- ◆ Assessment of dangerousness
- ◆ Behavioral analysis and intervention
- ◆ Behavioral research
- ◆ Critical Incident Debriefing
- ◆ Expert testimony
- ◆ Hospital administration
- ◆ Neuropsychological evaluation
- ◆ Phallometric assessment
- ◆ Polygraphy
- ◆ Program evaluation
- ◆ Projective techniques
- ◆ Research
- ◆ Substance Abuse Treatment
- ◆ Treatment of sexual offenders

## **Research**

Interns may participate in research or on-going program evaluation. They may generate ideas for new research, however, because of the lengthy review process, it may not be feasible to propose and complete a project within the training year. Interns desiring to conduct research at the hospital will be required to submit proposals for review by the Hospital Research and Human Subjects Committee and by the State Committee for the Protection of Human Subjects. Since this process tends to be prohibitively lengthy, interns typically choose to join staff psychologists on existing projects or utilize archived clinical databases. Topics pursued in the past include psychological test data and clinical variables such as the Psychopathy Checklist-Revised (PCL-R), the MMPI-2, the MCMI-III, and the PAI, patient assaults, malingering and psychological testing, neuropsychological testing, and assessment of patient adjustment after release. Each intern is allowed up to 10% of his/her time to pursue special interests or independent study. This time may be

spent reading research/professional articles or participating directly in program evaluation or research. The intern may utilize this time for dissertation research. Beyond this time, the intern must conduct dissertation research on his/her own time.

## **Community Placement**

Interns participate in a community placement one day per week. This placement has typically been at the California Polytechnic State University Counseling Center (UCC). At Cal Poly, this experience is designed to provide the intern with an experience different from the hospital inpatient population. Interns complete intake evaluations and provide individual therapy to college students. Occasionally group treatment is offered. Interns are supervised by a qualified supervisor who works at the center. Training is provided on topics pertinent to working at a UCC by center staff on one afternoon per month.

## **Training in Individual Differences and Diversity**

Training in understanding cultural and individual differences is considered an integral part of the internship program. The patient population consists of patients who differ in age, ethnicity, culture, sexual orientation, diagnosis, religious preference, etc. Psychologists and interns are encouraged to consider individual differences in all aspects of their work with patients. All interns participate in the Individual Differences and Diversity Mini-rotation.

In the Mini-rotation, the intern attends the Individual Differences and Diversity seminar and provides weekly individual and/or group therapy with diverse patients. This experience continues for the entire year and includes supervision by a psychologist with expertise in diversity issues. Additionally, the intern may elect to complete a rotation on a specialty unit (i.e. units serving monolingual or deaf patients). In addition to these specialized training opportunities, the topic is addressed in seminars, workshops and colloquia throughout the training program. General supervision sessions provide regular discussions regarding the importance of understanding cultural and individual differences in assessment and treatment. Interns also attend the Cross Cultural Awareness training as a part of their hospital orientation.

## **Supervision**

Interns benefit from having a number of supervisors. At the outset of training, the intern selects a preceptor from among the list of psychologists. The preceptor serves as the intern's primary supervisor for the year and is responsible for overseeing the intern's entire training program. The intern plays an active role in selecting his/her two 5½-month rotations. The psychologist on the intern's rotation supervises the intern's clinical activities on the unit. The preceptor, rotation supervisor, and community placement supervisor each meet with the intern for a minimum of one hour of supervision each week. Additional supervision is provided as part of their participation in the seminars, the individual differences and diversity mini-rotation, and tutorials.

The internship recognizes the benefit of personal psychotherapy for all psychology trainees. We support the decision to seek therapy as a personal one. The program rarely requires interns to engage in personal therapy or to disclose personal information. Still, some interns do find it helpful to volunteer personal information in supervision when discussing countertransference issues. Disclosure of personal information or personal

therapy is only required when it is needed to evaluate or obtain assistance for an intern whose personal problems are preventing the intern from performing professional activities competently, or whose problems are posing a threat to the intern or others.

### **C. Facility Resources**

Interns have an office in the Medical Staff and typically share office space on the rotations with their supervisor or other professional staff. Office space within the secure area is limited and thus varies from unit to unit. Interns have a computer for report writing and other work in their Medical Staff office and have access to computers within the secure areas of the hospital. They also have use of the hospital-wide dictation and voicemail systems. The Logan Professional Library is a valuable resource for interns for clinical research and dissertation work. If the library does not carry the desired material, it can be obtained by the library through the interlibrary loan system.

### **D. Psychology Department**

The intern is a member of the Psychology Department which is part of the Medical Staff. The Chief of Psychology and the elected Chair lead the Department. Peer review, credentialing, and privileging are all operational to assure that high quality psychology services are provided to patients. The intern attends Psychology Department meetings and may serve on Psychology Department Committees. The intern may also attend open Internship Committee meetings. Psychologists serve on Medical Staff and other hospital committees which are vital to patient care. Such committees include Quality Assurance, Patient Care Monitoring, Clinical Services Team, and Research and Human Subjects.

### **E. Training and Professional Development**

Atascadero State Hospital also serves as a clinical training facility for nursing, social work, and rehabilitation therapy students. The School of Psychiatric Technology prepares Psychiatric Technicians in a one-year training program. The hospital also operates a Police Academy to train its security personnel. The hospital provides Continuing Education for Psychologists as well as other disciplines represented in the hospital. Several full and half day workshops are sponsored each year by the Psychology Department. Regular colloquia and case conferences provide lectures on a range of forensic and mental health topics. A closed-circuit television broadcast system is available for the purpose of providing training and professional education programs to staff and patients. Interns are encouraged to take part in training and learning opportunities offered in the community and the state and attendance at regional and national psychology conferences held in California is encouraged. Field trips to other forensic facilities are available as well. In recent years, interns have toured the California Men's Colony (a lower security prison) and Corcoran State Prison (a high security prison).

Please refer to the back of this brochure for a sample listing of workshops and colloquia offered over the past few years.

## **IV. Application and Selection**

### **A. Admission Criteria**

Predoctoral internships are offered for third and fourth year students enrolled in accredited doctoral programs in clinical or counseling psychology, and who have completed basic work (typically three years of graduate work in psychology) and clinical practica (minimum 1000 hours) in psychotherapy and assessment. Enrollment in an APA accredited program is preferred but not required.

The internship is designed for the student seeking forensic training within a program that provides a broad-based clinical training experience. Interest and/or experience in forensic psychology is necessary. Some preference is given to applicants who have completed or are nearing completion of their dissertation.

### **B. Applications and Intern Selection**

All application information is included in this brochure which can also be found on the hospital's web site (<http://www.dmh.cahwnet.gov/statehospitals/atascadero>). Questions may be directed to the Internship Director by mail, phone or e-mail. Applications must include;

- 1) APPIC application for Psychology Internship (AAPI - part 1)
- 2) All graduate transcripts
- 3) Two letters of recommendation
- 4) A curriculum vitae
- 5) Verification of Internship Eligibility and Readiness (AAPI - Part 2) from the Director of Clinical Training at the applicant's graduate program
- 6) Complete the first page of the California State Application (form 678) which can be found on the internet at <http://www.spb.ca.gov/Employment>

Completed applications and all supporting documents must be received by the Internship Director by November 15 prior to the year the internship is to begin. Atascadero State Hospital is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). As an APPIC member, the training program observes the guidelines regarding timing of internship offers and acceptance adopted by APPIC. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant prior to Match day. The APPIC application for Psychology Internship and the APPIC Match Program Policies and Procedures can be found on the internet at <http://www.appic.org>.

In recent years, approximately 85-130 applications have been received for the three positions. Approximately twenty to twenty five of those applicants are invited to interview. Interviews are required for those who pass the first round of screening for the application process. All efforts will be made to notify applicants regarding their interview status by December 15 by both mail and e-mail. Applicants may select one of three interview dates scheduled on Friday afternoons in January. Those unable to attend a personal interview may arrange for a telephone interview. No preference will be given to those who are able to interview in person.

Atascadero State Hospital is an equal opportunity employer. With a culturally diverse patient population, the hospital is seeking psychologists and interns with the education, training and background to work with that population.

### **C. Appointments**

At the present time, three funded predoctoral intern positions exist with the stipend of approximately \$38,000 for the year. Appointments are made to the Civil Service classification of Clinical Psychology Intern. The internship typically begins in September the day after Labor Day. Benefits include holidays, sick leave, vacation, Employee Assistance Program benefits and health insurance. **Interns must successfully complete/pass the required security clearance, health screening, and drug screening prior to being employed.**

## **IV. Geographical Information**

Atascadero State Hospital is situated in the Central California Coast in a semi-mountainous and forested area just a few miles east of the coastal range. A wide variety of scenic, sporting, and entertainment activities are within easy reach. San Francisco and Los Angeles are each about four hours driving time from Atascadero. San Luis Obispo, 16 miles south, is a community of 40,000 and is the major shopping area of the county and the location of many musical and cultural events throughout the year at California Polytechnic State University and its Performing Arts Center. Ten miles south of San Luis Obispo are Avila Beach and Pismo Beach, which afford opportunity for year-round surfing and the best swimming beaches on the Central Coast. Twenty miles west of Atascadero are Morro Bay and the famous Hearst Castle at San Simeon. Continuing northward is the beautiful Highway 1 coastal route to Carmel-Monterey, which has some of the most scenic vistas in California, including Big Sur and the state wildlife preserve at Point Lobos.

The weather offers three different climates in the region. Coastal areas such as Morro Bay have moderate temperatures with daytime temperatures ranging from around 50-80 degrees over the year. San Luis Obispo's daytime temperature range is around 45-85 degrees, while Atascadero daytime temperatures are more variable with a range of about 40-100 degrees over the year.

## **V. Housing**

The hospital maintains a limited number of one-room efficiency apartments on the hospital grounds. These are for the convenience of new employees until they can find a permanent residence. The apartments are furnished including bedding and linens with the exception of kitchen utensils. The availability of these apartments is limited and the intern should contact the Internship Director for reservations several months before the internship is to begin.



## CONTACT INFORMATION

For further information please contact:

Stacy Thacker, Ph.D.  
Psychology Internship Director  
Medical Staff Office  
Atascadero State Hospital  
P.O. Box 7001  
Atascadero, CA 93423-7001  
Phone: (805) 468-2213  
Fax: (805) 468-2918  
E-mail: [sthacker@dmhash.state.ca.us](mailto:sthacker@dmhash.state.ca.us)

Street address for UPS, Federal Express, etc.:

Atascadero State Hospital  
Medical Staff Office  
10333 El Camino Real  
Atascadero, CA 93422

Atascadero State Hospital's web site (includes this Internship Brochure and a letter from the Internship Director):

<http://www.dmh.cahwnet.gov/statehospitals/Atascadero>

To request an Applicant Agreement Package for the APPIC matching program contact:

<http://www.natmatch.com/psychint/>

To request an APPIC Application for Psychology Internship (AAPI) contact:

<http://www.appic.org>

APPIC Internship Matching Program code number for Atascadero State Hospital:

111311

### **2005-2006 PSYCHOLOGY INTERNS**

Amanda MacKinnon  
Argosy University, Washington DC Campus

Brandi Mathews  
Forest Institute, Missouri

Timothy Nastasi  
Pacific University, Oregon

### **2004-2005 PSYCHOLOGY INTERNS**

Nicole Mack  
University of Denver

Robert Oropeza  
Alliant University, Fresno

Melissa Villalon  
Argosy University, Hawaii

### **2003-2004 PSYCHOLOGY INTERNS**

Cheryl Andaya  
Argosy University-Hawaii

Stephanie Callaway  
University of Denver

Margaret Smedley  
University of Louisville

### **2002-2003 PSYCHOLOGY INTERNS**

David Jaffe  
California School of Professional Psychology-Fresno

Craig King  
Argosy University-Washington DC Campus

Tara Travia  
Kent State University

## **PSYCHOLOGY STAFF AND AREAS OF INTEREST**

\* Those psychologists qualified by California State law to provide supervision are identified with an asterisk "\*" preceding their names.

\*Richard Atwood, Psy.D.

Forest Institute of Professional Psychology, 2001

Reality therapy; rational emotive behavior therapy; cognitive behavioral intervention

\* Mark Becker, Ph.D.; Chief of Wellness and Recovery Support

Washington State University, 1978

Group psychotherapy; psychopharmacology; neurobehavioral treatment; treatment of multiply diagnosed/impaired; augmented behavioral treatment plans especially in regards to highly aggressive patients

Todd Bollinger, Psy.D.

Argosy University-Honolulu, 2006

Issues of competency; forensic assessment; program evaluation; industrial/organizational psychology

\*Charles Broderick, Ph.D.

Fairleigh Dickinson University, 1998

Neuropsychology, cognitive rehabilitation; intellectual disabilities

\*Kate Burkhardt, Ph.D.

University of Windsor, 2004

Forensic treatment and assessment; psychopathy; cultural/gender issues

\* Douglas L. Burton, Ph.D.

Fuller Graduate School of Psychology, 1991

Information-processing models of cognitive behavior; social learning theory; general systems theory; psychotherapy; post-traumatic stress disorder

\*Johnson Chang, Psy.D.

California School of Professional Psychology – Fresno, 2001

Treatment of Mentally Disordered Offenders; statistics; research design; treatment of sex offenders

\*John Eibl, Ed.D

Indiana University, 1968

Group processes; MDO law; supervision; crisis management; cognitive-behavioral intervention/psychotherapy

\*Teresa George, Ph.D.

Arizona State University, 1992

Supervision; MDO law; treatment of mentally disordered offenders; treatment of sexual offenders; group and individual psychotherapy

\*Beth Gier, Ph.D.

Purdue University, 1999

Cognitive-behavioral intervention with schizophrenia; client-centered therapeutic intervention; research on anger, gender difference, and self-image; community treatment of mental illness; MDO law and expert testimony; competency issues

Dave Grasso, Ph.D.

California School of Professional Psychology-Fresno, 2004

Sexually violent predator evaluation and treatment, psychotherapy, assessment and treatment of victims of trauma/PTSD, assessment of psychopathy

\* Michaela Heinze, Ph.D.

Ohio University, 1994

Forensic and neuropsychological assessment; trial competency; behavioral medicine & health psychology

\* Matthew Hennessy, Psy.D.; Treatment Mall Director

University of Denver, Graduate School of Professional Psychology, 1999

Sex offender assessment and treatment; relapse prevention; cognitive-behavioral therapy

\* Daryl Herzog-Perez, Ph.D.

California School of Professional Psychology-San Diego, 1976

Relapse prevention, cognitive-behavioral therapy

\*Gary Hitchcock, Ph.D.

California School of Professional Psychology-Fresno, 1994

Assessment and treatment of personality disorders; group psychotherapy

\* Frank H. Hoshino, Ph.D.

California School of Psychology, Fresno, 1985

Existential, phenomenological, and post-modern thought; cognitive relapse prevention

Krys Hunter, Psy.D.

Fuller Theological Seminary, 2003

Forensic assessment; sex offender assessment and treatment; psychological assessment for immigration;; assessment and treatment of gender identity issues; cognitive-behavioral intervention; relapse prevention; spirituality; existential psychotherapy

\*Diane Imrem, Psy.D.; ASH Treatment Enhancement Coordinator

Illinois School of Professional Psychology, 1984

Experiential psychotherapy; cognitive-behavioral therapy; relapse prevention; crisis intervention; treatment of sex offenders; recovery model

\* William R. Knowlton, Ph.D.; Director of Forensic Services

Washington State University, 1972

Evolutionary psychology; treatment of personality disorders; forensic psychology

- \*Letty Lauffer, Ph.D.  
New York University, 2002  
Eating disorders; obesity; binge eating; psychopathy; sex offender assessment and treatment; family therapy
- Nicole Mack, Psy.D.  
University of Denver, 2005  
Competency assessment; detection of malingering; cognitive-behavioral intervention; psychopathy; cognitive and personality assessment
- Amanda MacKinnon, Psy.D.  
Argosy University-Washington DC campus, 2006  
Acute stabilization of mentally ill offenders; trial competency; cognitive and personality assessment; integrative psychotherapy; assessment of psychopathy; mental health law
- Brandi Mathews, Psy.D.  
Forest Institute of Professional Psychology, 2006  
Detection of malingering; personality assessment; mental health law; mentally disordered offender forensic evaluations; crisis intervention
- \*Christine Mathiesen, Psy.D.; Director, Evaluation & Outcome Services  
University of Hartford, 2000  
Neuropsychology; cognitive rehabilitation; PTSD; DBT; program evaluation
- \* Richard E. Morey, Ph.D.  
Colorado State University, 1990  
Psychological assessment/treatment; staff development; religious issues in therapy
- \* Carolyn Murphy, Ph.D.  
California School of Professional Psychology, Alameda, 1998  
Evaluation and treatment of mentally disordered offenders; expert witness testimony; psychopathy; developmental disabilities; behavioral treatment planning
- Timothy Nastasi, Psy.D.  
Pacific University, 2006  
Treatment for individuals with severe mental illness; cognitive-existential psychotherapy; qualitative research; forensic evaluation; PCL-R
- \* Jill Nelson, Ph.D.  
University of New Mexico, 1994  
Forensic assessment; psychopathy; sex offender assessment and treatment; sexually violent predator evaluation.
- \*Jesus Padilla, Ph.D.; Department of Psychology Chair (elected)  
University of Oregon, 1994  
Forensic psychology; cross-cultural psychology; psychology of the mind; psychology of religion

- \* Michael Pritchard, Ph.D.  
University of Connecticut, 1978  
Chronic pain syndrome; post-traumatic stress disorder; stress management; relapse prevention with sex offenders
- \* Allan C. Roske, Ph.D.  
California School of Professional Psychology, Fresno, 1985  
Violence prediction; competency assessment; psychopathy checklist-revised; Rorschach research
- \* Emily Rosten, Ph.D.  
New York State University-Albany, 1990  
Rehabilitation psychology; working with deaf individuals; depression; relationship issues; career counseling; mentally disordered offenders
- \* Bill Safarjan, Ph.D.  
Rutgers University, 1980  
Learning and motivation; forensic issues
- Nameeta Sahni, Psy.D.  
California School of Professional Psychology-San Diego, 2004  
PCL-R; forensic evaluation (MDO and child custody); personality assessment; pervasive developmental delays
- \* Mark R. Scherrer, Psy.D.  
Baylor University, 1997  
Interpersonal psychotherapy; forensic psychology; personality assessment; hypnotherapy
- \* Karen Sheppard, Ph.D.; Acting Chief of Psychology (appointed)  
California School of Professional Psychology, Fresno, 1987  
Neuropsychological assessment; cognitive remediation; PCL-R; PPG; plethysmograph
- \* Victor Silva-Palacios, Ph.D.; Vice-chair, Department of Psychology (elected)  
Wright Institute, Los Angeles, 1985  
Psychoanalytic psychotherapy; cross-cultural issues; religious issues; detection of malingering
- Meg Smedley, Ph.D.  
University of Louisville, 2005  
Competency assessment and the Sell decision; treatment with severely mentally ill and developmentally disabled individuals; mentally disordered offender forensic evaluations
- \* Sona Suprikian, Ph.D.  
Pacific Graduate School of Psychology, 2000  
Cognitive-behavioral therapy; treatment of severely mentally ill populations; research on substance abuse, and male abuse survivors; competency to stand trial
- \* Jeffrey Teuber, Ph.D.; Positive Behavioral Support (PBS) Team Leader  
University of California, Santa Barbara, 1987  
Rehabilitation of the chronically mentally ill; functional analysis of behavior; developmental disability; humanism; patient collaboration in treatment design

- \* Stacy Thacker, Ph.D., Psychology Internship Director  
Colorado State University, 1997  
Training; Mentally Disordered Offender forensic evaluations; expert testimony; behavioral intervention; interpersonal psychotherapy; detection of malingering
- \*Dianne Walker, Ph.D.  
Brigham Young University, 1982  
Psychodynamic psychotherapy; group psychotherapy; personality assessment; adult survivors of dysfunctional families and abuse
- \*Emily Wisiewski, Psy.D.  
Chicago School of Professional Psychology, 2004  
Violence risk assessment; competency assessment; sex offender evaluation; psychopathy; not guilty by reason of insanity evaluation; expert testimony; mental health law

### **QUALIFIED COMMUNITY PLACEMENT SUPERVISORS**

\* Those psychologists qualified by California State law to provide supervision are identified with an asterisk "\*" preceding their names.

#### **CALIFORNIA POLYTECHNIC STATE UNIVERSITY PSYCHOLOGICAL SERVICES:**

\*Elie Axelroth, Psy.D.

University of Denver, 1983

\*Barbara Gilbert, Ph.D.

Southern Illinois University-Carbondale, 1988



**ATASCADERO STATE HOSPITAL**  
**SELECTED WORKSHOPS AND COLLOQUIA**

**“LAW AND ETHICS”**

Ellen Stein, Ph.D.

**“PSYCHOPHARMACOLOGY FOR NON-PHYSICIANS” (four-part series)**

Fred Raleigh, Pharm.D.

**“PRINCIPLES OF FORENSIC REPORT WRITING”**

Ron Mihordin, MD, JD

**“ASSESSING COGNITIVE FUNCTIONING IN FORENSIC PSYCHIATRIC PATIENTS”**

Christine Mathiesen, Ph.D.

Leslie Bolin, Ph.D.

Charles Broderick, Ph.D.

**“CLINICAL SUPERVISION”**

Steven Sultanoff, Ph.D.

**“EMOTIONAL INTELLIGENCE: UNDERSTANDING OTHERS AND RECOGNIZING TRUTHFULNESS”**

Maureen O’Sullivan, Ph.D.

**“COGNITIVE-BEHAVIORAL THERAPY FOR PTSD AND SUBSTANCE ABUSE: A TRAINING IN THE SEEKING SAFETY TREATMENT”**

Robyn Walser, Ph.D.

**“MAINTAINING WELLNESS TO PREVENT BURNOUT”**

Michele McCormick, Ph.D.

**“MDO FORENSIC EVALUATIONS”**

Ron Mihordin, MD, JD

**“ASSESSMENT AND INTERVENTION WITH SEVERE CLUSTER B PERSONALITY DISORDERS”**

Philip Erdberg, Ph.D.

**“EXPERT TESTIMONY”**

Ron Mihordin, MD, JD